

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026908

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 337 Primary Registration District No. 6142 Registrar's No. 24

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 3 1963

VS 300
Rev. 4/59

1 1020

2 1020

3

4 1

5 0

6

7 0

8 3

9 94222

10

11

12 90-0

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lentner		Length of stay in 1b 80 years	c. CITY OR TOWN Lentner, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural Lentner, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) City Limits Lentner, Mo.
3. NAME OF DECEASED (Type or print) Gertrude Lehman Wood		4. DATE OF DEATH 6-14-1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-5-1883
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months 5 Days 9 Hours Min. 	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchboard operator
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchboard operator		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Shelby County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME A. G. Wood	
13a. FATHER'S NAME A. G. Wood		13b. MOTHER'S MAIDEN NAME Mary L. Mitchell	
14. NAME OF HUSBAND OR WIFE Never Married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Irene Smith Shelbina, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema			INTERVAL BETWEEN ONSET AND DEATH 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) myocardial insufficiency			3 yrs
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year 		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>Jan 1956</u> to <u>6/14/63</u> and last saw her alive on <u>6/14/1963</u> Death occurred at <u>8 A. m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Charles Richter M.D.</i>		22b. ADDRESS <i>Shelbina</i>	22c. DATE SIGNED <i>6/28/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-16-1963	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	23d. LOCATION (City, town, or county) (State) Shelbina Missouri
24. FUNERAL DIRECTOR Davis Funeral Service Shelbina, Mo.	25. DATE RECD. BY LOCAL REG. 6/18/63	26. REGISTRAR'S SIGNATURE <i>Helen Allison</i>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student: _____

Signature of Student Embalmer

Signed James D. Davis

Licensed Embalmer No. 4478

P. O. Address Shelburne, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit not obtained (N4)